

# Strategies for Medical Surge Capacity in King County

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Public Health and Medical Response Briefing  
Evergreen Earthquake Exercise Seminar  
December 22, 2011

# AGENDA

- Medical Surge Components and Strategies
- Current Capabilities, Needs, Challenges
- Key Questions

# Medical Surge

The ability to provide adequate medical evaluation and care during incidents where patient volume or specific need significantly exceeds existing medical infrastructure

# Medical Surge Components



## GUIDANCE FOR ESTABLISHING CRISIS STANDARDS OF CARE FOR USE IN DISASTER SITUATIONS

A Letter Report

INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

# Medical Surge Strategies

- Internal Hospital/LTC Surge
  - ▣ Rapidly expand bed capacity by repurposing non-traditional areas for patient care
  - ▣ LTC Mutual Aid Evacuation Plan
  
- Alternate Care Facilities
  - ▣ Supports evacuating inpatient healthcare facilities
  
- Medication Points of Dispensing
  - ▣ Supports pharmacy and clinical sectors

# Medical Surge Strategies

- Temporary Morgue
  - ▣ Supports the Medical Examiner's Office, Hospitals
  
- Information Contact Center and Nurse Triage Line
  - ▣ Supports E-911, hospitals, healthcare organizations
  
- Pediatric Response Capability in KC hospitals

# Public Health and Healthcare Partners

## *Responsibilities*

- ❑ Manage Health and Medical Area Command
- ❑ Staff KC and Seattle EOCs when requested
- ❑ Lead region-wide planning, training and exercises for medical surge strategies

# Public Health and Healthcare Partners

## *Responsibilities*

- Direct regional medical surge strategies
  - ▣ ACF, medication centers, call center, PHRC, temporary morgues
- Coordinate planning for crisis standards of care
- Facilitate planning with support agencies for non-medical services and resources

# CURRENT CAPABILITIES, NEEDS, CHALLENGES

# Example – Alternate Care Facility

Why activate?

Under who's orders?

Why deactivate?

Who participates?

What is sustainable?



# Why Activate

## 1. Loss of Local Inpatient Capacity

- *Hospitals or nursing homes damaged/destroyed, and*
- *Remaining inpatient facilities cannot absorb the entire load, and*
- *Transporting patients out of region is not sufficient*



# Why Activate

## 2. Surge in Patient Demand

- ❑ *Disaster generates widespread illness or injuries that exceed local surge capacity levels*



## 3. A combination of both



# Space



## Preparedness Section ACF Sites 50 & 250 Bed Capacity Locations Updated: 2/11



### Legend

- ACF 50 Bed Sites
- ACF 250 Bed Sites
- State DOT: State Routes of WA State
- Major Metro Routes
- King County Boundary



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# Supplies and Equipment

**E Bed Cots**

**Cribs**



# Supplies and Equipment

## MedLox O2 Distribution System

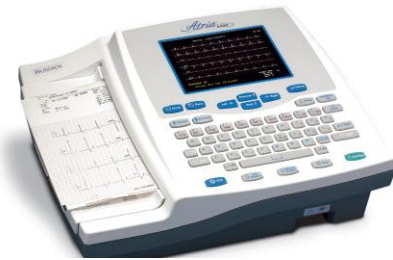


## National Oxygen Kit (NOK)



# Supplies and Equipment

- 3 Manual ACLS Defibrillators
- 2 12-lead ECG Units
- 6 I-Stat Analyzers
- 12 HemoCue WBC systems
- 3 Braun IV Pumps
- 3 Ultraclave sterilizers
- Digital X-Ray equipment
- Ultrasound Unit



# Supplies and Equipment



## Broselow Pediatric System

- ❑ 2 each - Broselow Carts
- ❑ 2 each - Broselow Packs
- ❑ 5 each - Broselow Tapes



# Supplies and Equipment

- Gauze and Bandages
- Sutures
- Syringes
- Microscopes
- Sanitizers
- Ambu Bags
- Backboards
- Patient Lifts
- Wheelchairs
- Traction Splints
- Various Forceps
- Various Tubes
- Blood Pressure Units
- Cervical Collars
- X ray Illuminators
- IV Supplies
- Catheters
- Otoscopes
- Ophthalmoscopes
- Scales
- Suction Pumps, tubing and canisters
- Stethoscopes
- And much more.....

# Readiness Contracts

- Medical Supplies & Pharmaceuticals
  - ▣ PSS
  - ▣ Cardinal
  - ▣ McKesson
- Patient Feeding, Portable Toilets & Showers, Mobile Laundry
  - ▣ Bishop Services
  - ▣ OK'S Cascade
- Oxygen
  - ▣ Airgas
- Other
  - ▣ Home Depot
  - ▣ Grainger
  - ▣ Keeney's
  - ▣ Abbey Party Rents
  - ▣ Honey Bucket
  - ▣ Mountain Mist

# Staff

## Functions

Command

Medical Direction

Administrative and Logistical

Patient Care Providers, Pharmacy



## Sources

Staff from evacuating facilities

Public Health Reserve Corps

Emergent Volunteers

Federal Response Teams (DMAT)

# Standards of Care

- Newest area of work
- What is acceptable under the circumstances
- Rationing care and resources
- Scope
- Access to care (equity)



# ACF Summary

- Activation thresholds
- Staff sources
- Resource supply and management
- Logistical support from local partners



# Key Questions:

- Why activate medical surge capacity or capability?
- What to activate?
- Are all other options exhausted?
- Are key partners ready and willing to support activation?
- Should this be developed on a multi-region or statewide basis? Is it sustainable at a local level?

# *Questions?*

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